

PRETZEL CITY KITCHEN
WRITTEN NOTICE AND AUTHORIZATION TO RELEASE INFORMATION
REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your employment or your application for employment, we may procure a consumer report or an investigative consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regards to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act. The FCRA gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By signing below, I _____ hereby authorize and direct you to release to the designee, any "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making my employment decision. I understand I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I hereby release any and all information in your files pertaining to birth, criminal history, workers compensation claims and driver's license abstracts, including, but not limited to personal history, disciplinary records, and criminal convictions. I hereby release and absolve you as custodian of such records of any consumer reporting agency, police or sheriff's department or retail business. This release would include its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature. Should there be any question as to the validity of this release, you may contact me as indicated.

******* PLEASE PRINT CLEARLY *******

FULL NAME : _____
 FIRST MIDDLE LAST

OTHER NAMES USED : _____
 FIRST MIDDLE LAST

CURRENT ADDRESS : _____
 STREET CITY STATE/ZIP

PREVIOUS ADDRESS : _____
 STREET CITY STATE/ZIP

COUNTIES LIVED IN THE PAST TEN (10) YEARS : _____

HOME PHONE : _____

DATE OF BIRTH : _____ SOCIAL SECURITY NUMBER : _____

SIGNATURE : _____ **DATE/TIME :** _____